

170401

Battle River School Division
EXPENSE CLAIM

Name: Kendall Severson Mailing Address: _____
 Month/Year: March / 17 n/a if direct deposit established; attach bank info to set-up
 School/Location: D.O. PUF Student Name: _____
 required for PUF Transportation claims

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not be processed.

BUS DRIVERS -- Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2017/03/01	CAYRAN Meeting	74	39.96			39.96	1.404.400.09.06.01
2017/03/20	Zone 4 Meeting	74	39.96			39.96	
2017/03/21	Audit Meeting	74	39.96			39.96	

PAID
APR 17 2017

POSTED
APR 10 2017

Attach original receipts for expenses claimed

TOTAL 119.88

OFFICE USE ONLY
Total GST:

MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00